

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Oregon Health Authority

Organizational Unit Addictions and Mental Health Division

Mailing Address 500 Summer Street NE E-86

City Salem

Zip Code 97301-1118

II. Contact Person for the Block Grant

First Name Pamela

Last Name Martin

Agency Name Oregon Health Authority

Mailing Address 500 Summer Street NE E-86

City Salem

Zip Code 97301-1118

Telephone 503-945-5879

Fax 503-947-5043

Email Address pamela.a.martin@state.or.us

III. Expenditure Period

State Expenditure Period

From 7/1/2013

To 6/30/2014

Block Grant Expenditure Period

From 10/1/2011

To 9/30/2013

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V. Contact Person Responsible for Report Submission

First Name Jennifer M.

Last Name Foley

Telephone 503-945-5767

Fax 503-378-8467

Email Address Jennifer.M.Foley@state.or.us

VI. Contact Person Responsible for Substance Abuse Data

First Name Jon C.

Last Name Collins

Telephone 503-945-6429

Email Address Jon.C.Collins@state.or.us

Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
 Priority Area: Improve the lifelong health of all Oregonians.
 Priority Type: SAP, SAT, MHP, MHS
 Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Improve the lifelong health of all Oregonians.

Specifically:

1. Utilize Positive Youth Development (PYD) to decrease risk of adverse behavioral health behaviors, and encourage youth to adopt healthy behaviors to ensure healthy transition into adulthood.
2. Determine a baseline for children age six and under living in any setting, receiving a mental health assessment through the public mental health system.
3. Children in Child Welfare with SED will receive a mental health assessment within 60 days of entering substitute care.
4. To provide the infrastructure, planning and implementation of a statewide alcohol and drug prevention system

Strategies to attain the goal:

Improving the lifelong health of all Oregonians is part of Oregon's Triple Aim under Health System Transformation increasing the quality, reliability and availability of care for all Oregonians and lowering or containing the cost of care so it is affordable for everyone. With solid systems in place to identify the factors that lead to chronic disease and focus on early signs and symptoms, the state can provide services and supports much earlier. Access points to better health care should start within locations where Oregonians live and should be built on a foundation of community awareness, behavioral health promotion, prevention, early identification, early intervention, access to treatment services and supports, and recovery management.

Specifically:

- Collaborate with Adolescent and School Health Program Unit of Public Health Division to identify PYD-programs (if any) exists in schools across the state.
- Recruit additional schools to participate in Student Wellness Survey and track PYD in eighth grade students.
- Promote PYD in schools with low PYD scores and high substance use in eighth grade students, with the assistance of county prevention coordinators.
- Determine method to increase the number of completed mental health assessments
- Utilize CW-AMH workgroup monitoring of system and child level data monitoring.
- Facilitate collaboration between mental health programs and child welfare system
- Communicate with child welfare caseworkers about importance of this measure
- Fund each county and tribe in the state to provide a minimum of a .50FTE Prevention Coordinator to provide prevention services with an approved plan.
- Support a statewide prevention system that includes policies, practices, and programs that serve many Oregonians.
- Coordinate a prevention training system to increase the number of Certified Prevention Specialists (CPS).

Annual Performance Indicators to measure goal success

Indicator #: 1
 Indicator: Substance use prevalence in eighth grade students
 Baseline Measurement: Establish baseline of substance use prevalence in eighth grade students during 2012-2013.
 First-year target/outcome measurement: Identify counties with high substance use prevalence rates among eighth graders, and decrease by 1 percent in 2014.
 Second-year target/outcome measurement: Decrease substance use by eighth grade students by an additional 1 percent in 2015.
 New Second-year target/outcome measurement (if needed):
 Data Source:
 Student Wellness Survey, Oregon Healthy Teens Survey, School Health Policies and Practices Survey.
 New Data Source (if needed):

Description of Data:

Student Wellness Survey assesses and monitors health and well-being of Oregon youth including Positive Youth Development measures. Oregon Healthy Teens Survey is a comprehensive school-based survey that assesses public health issues in Oregon teens. The School Health Policies and Practices Survey is a comprehensive assessment of school health policies and practices in the nation and is conducted at the state, district, school and classroom levels. It monitors eight components of schools' health including mental health and social services.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

One issue that could arise is the possibility that too few schools implement positive youth development enhancing programs. Data could also be affected by too few schools participating in the surveys that monitor PYD in middle school students. This can affect analysis and comparison of data while determining success of the planned strategy.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The substance use prevalence in eighth grade students baseline was established through the Student Wellness Survey. The baseline data for 2012 was 25.3%. The counties with high substance use prevalence rates among eighth graders were identified and there was a decrease by 1 percent in 2014. The rate in 2014 was 24.2%.

Indicator #: 2

Indicator: Children age six and under living in any setting, receiving a mental health assessment through the public mental health system.

Baseline Measurement: Baseline of all children age six and under, living in any setting, who received a mental health assessment through the public mental health system is being established in this grant period.

First-year target/outcome measurement: Exceed baseline by 1 percent

Second-year target/outcome measurement: Exceed baseline by 2 percent

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS, ORKIDS

New Data Source (if needed):

Description of Data:

Determine number of children age 6 and under who are Medicaid eligible, and determine number of those Medicaid eligible children who have received a mental health assessment through the public mental health system. Use MMIS billing codes H0031 and H1011.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Reliability and functionality of MMIS and ORKIDS (updated version of SACWIS, Statewide Automated Child Welfare Information System)

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 3

Indicator: Children in the custody of Child Welfare with SED receiving a mental health assessment within 60 days of entering substitute care.

Baseline Measurement: 56 percent (2011)

First-year target/outcome measurement: 65 percent

Second-year target/outcome measurement: 75 percent

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS and OR-KIDS

New Data Source (if needed):

Description of Data:

Numerator is the number of children entering substitute care in DHS Child Welfare system who receive a mental health assessment within 60 days of entering care. Denominator is the number of children entering substitute care in DHS Child Welfare system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

transitional issues with ORKIDS system; lag in reporting

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 4

Indicator: Percentage of counties and Tribes with approved prevention plans

Baseline Measurement: Number of counties and Tribes with an approved prevention plan for 2013-2015 biennium.

First-year target/outcome measurement: All counties and Tribes have approved prevention goals and objectives.

Second-year target/outcome measurement: Each CMHP completed a minimum of 80 percent of approved prevention goals and objectives.

New Second-year target/outcome measurement (if needed):

Data Source:

Biennial Implementation Plans, Prevention Section

New Data Source *(if needed)*:

Description of Data:

Each county and tribe that submits their plans will be compared against those who have approved plans to determine if the target was met.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Currently there is no system to collect data from the BIP or from the Prevention Workforce Training system, although data can be gathered and compiled to determine if targets were met.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 5

Indicator: Oregonians that have received prevention services

Baseline Measurement: Total served in federal fiscal year July 1, 2010 - June 30, 2011 was 171,283.

First-year target/outcome measurement: An increase of one percent from baseline.

Second-year target/outcome measurement: An increase of one percent from first year target.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Minimum Data Set Database

New Data Source *(if needed)*:

Description of Data:

Each prevention coordinator is responsible for entering prevention services in the MDS database. Examples of data are: individuals served, evidence-based practices, and the 6 CSAP strategies.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Logging consistency by providers.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

It is not known why this number is down from previous years. We did find that one of our larger counties failed to enter their data for the year, but that would not account for the large discrepancy in numbers. Future data collection will be tied to funding, which will ensure that the state gets more complete and accurate data from providers.

How first year target was achieved *(optional)*:

Indicator #: 6

Indicator: Number of qualified candidates for the national International Certification & Reciprocity Consortium (ICRC) CPS exam.

Baseline Measurement: Number of candidates that qualified in 2012.

First-year target/outcome measurement: Maintain current number of qualified candidates.

Second-year target/outcome measurement: Maintain current number of qualified candidates from the first year.

New Second-year target/outcome measurement (if needed):

Data Source:

Addictions Counselor Certification Board of Oregon Data

New Data Source (if needed):

Description of Data:

Number of candidates will be collected through ACCBO prevention certification data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Numbers of candidates may fluctuate as cohort training occurs every other year.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 2

Priority Area: Improve the quality of life for the people served.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Improve the quality of life for the people served.

Specifically:

1. The population of children with SED will show improved participation in school following mental health treatment.
2. To determine the percentage of youth and young adults ages 14-25 responding agree or strongly agree to the Adult MHSIP Survey or Youth Services Survey questions as to whether they feel they are doing better in school and/or work, and better able to handle things when they go wrong, as a result of services received.
3. Increase housing stability for children with SED.
4. Children with SED will experience a lower likelihood of arrest following initiation of mental health treatment.
5. Increase housing stability for adults with SMI.

Strategies to attain the goal:

A key component of both Health System Transformation and AMH System Change is the use of flexible funds to meet the needs of the individuals served. Flexible funds will allow service providers to more effectively meet the holistic health needs of people with behavioral health disorders to improve their quality of life. AMH is committed to continuous quality improvement, and will continue to assess and take steps to improve consumer

and family member satisfaction in areas such as housing stability, educational and vocational opportunities, social connectedness, and treatment outcomes.

Specifically:

- Continue to support statewide provision of educational services and supports to children with SED
- Work with educational system to create effective services/programs that meet the needs of children with SED.
- Continue stigma reduction efforts.
- Young adult system involvement
- Positive peer support
- Developmentally appropriate services for youth and young adults
- Targeted development of residential treatment homes and residential treatment facilities for young adult population
- Address family stability and secure housing arrangements through Child and Family Teams.
- Work plan of CSAC for 2011-12: Surveys of providers, juvenile justice staff, OYA staff, families and youth to determine critical barriers to collaboration
- Improved collaboration between juvenile justice system and mental health system
- Improved quality of services for youth involved in juvenile justice system are expected to decrease likelihood of criminal activity
- CCO contracts require all individuals with SMI to be assessed for participation in IPS SE, and, if it would benefit the individual, provide IPS SE services.
- CCOs and Local Mental Health Authorities providing IPS SE services must meet fidelity benchmarks identified by AMH (see Step One).
- Contract with the Oregon Supported Employment Center for Excellence to provide ongoing training, technical assistance and fidelity monitoring for IPS SE providers.
- Increase funding allocations to Local Mental Health Authorities to support the development and implementation of IPS SE.
- Targeted development of residential treatment homes and residential treatment facilities for specialty populations
- Increase in funding for LMHAs to provide scattered-site supported housing and rental assistance – increasing access to and maintenance of housing for adults with SMI
- Utilization of Projects for Assistance in Transition from Homelessness funds to provide outreach and case management to individuals with SMI who are homeless and not engaged in mainstream services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Children with SED showing improved participation in school following mental health treatment.

Baseline Measurement: 30 percent

First-year target/outcome measurement: 32 percent

Second-year target/outcome measurement: 33 percent

New Second-year target/outcome measurement (*if needed*):

Data Source:

MHSIP YSS-F Survey

New Data Source (*if needed*):

Description of Data:

The number of parents/guardians who report that their child's school attendance improved following the initiation of mental health treatment.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Survey response rate

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 2

Indicator: Young adults ages 14-25 who agree that they feel they are doing better in school and/or work, and better able to handle things when they go wrong as a result of services received.

Baseline Measurement: 2013 MHSIP/YSS Surveys in progress; responses to this survey will establish baseline.

First-year target/outcome measurement: Exceed baseline by 1percent

Second-year target/outcome measurement: Exceed baseline by 2 percent

New Second-year target/outcome measurement (if needed):

Data Source:

YSS and MHSIP Survey data

New Data Source (if needed):

Description of Data:

Positive response (agree or strongly agree) on MHSIP survey questions inquiring whether they are doing better in school and /or work, and better able to handle things when they go wrong

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Response rate of surveys

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 3

Indicator: Decrease the number of children with SED enrolled in mental health services that are homeless.

Baseline Measurement: Develop baseline.

First-year target/outcome measurement: Decrease the number of children with SED enrolled in mental health services that are homeless by 1 percent.

Second-year target/outcome measurement: Decrease the number of children with SED enrolled in mental health services that are homeless by 2 percent.

New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS and MMIS

New Data Source (if needed):

Description of Data:

See Step Two for a description of COMPASS and MMIS.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved *(optional)*:

N/A

Indicator #: 4

Indicator: Percentage of children with arrest history in year prior to treatment who are not rearrested in the year following treatment.

Baseline Measurement: 43.7 percent

First-year target/outcome measurement: 45 percent

Second-year target/outcome measurement: 46 percent

New Second-year target/outcome measurement *(if needed)*:

Data Source:

YSS-F Survey

New Data Source *(if needed)*:

Description of Data:

The percentage of children, as reported by parents or guardians, who were arrested in Year 1 (year prior to mental health treatment) and not re-arrested in Year 2 (one year after starting mental health treatment).

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved *(optional)*:

N/A

Indicator #: 5
Indicator: Increase the number individuals with SED or SMI utilizing IPS SE services.
Baseline Measurement: 1,501 unduplicated individuals have received IPS SE between July 1, 2011 and September 30, 2012.
First-year target/outcome measurement: Increase IPS SE utilization by 5 percent.
Second-year target/outcome measurement: IPS SE utilization by 5 percent.
New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS and MMIS

New Data Source (if needed):

Description of Data:

See Step Two for a description of COMPASS and MMIS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 6
Indicator: Decrease the number of adults with SMI enrolled in mental health services that are homeless.
Baseline Measurement: Due to the limitations of CPMS (see Step Two) AMH has been unable to accurately identify the number of adults with SMI enrolled in mental health services that are homeless.
First-year target/outcome measurement: Develop baseline.
Second-year target/outcome measurement: Decrease the number of adults with SMI enrolled in mental health services that are homeless by 5 percent.
New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS and MMIS

New Data Source (if needed):

Description of Data:

See Step Two for a description of COMPASS and MMIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Priority #: 3

Priority Area: Increase the availability, utilization and quality of community-based, integrated health care services.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the availability, utilization and quality of community-based, integrated health care services.

Specifically:

1. Increase access to publicly funded mental health services by children with SED and their families
2. Expand the array of community-based mental health services available to and delivered to children with SED.
3. Increase access to publicly-funded, community-based services for eligible individuals.
4. Increase utilization of substance use disorder services in Oregon.
4. Increase access to and utilization of evidence-based Assertive Community Treatment (ACT) services.

Strategies to attain the goal:

CCOs are replacing a fragmented system of care that relied on different groups to provide physical health, dental health, and behavioral health services and supports. CCOs are set up to emphasize person-centered care, where all care providers are coordinating efforts to make sure treatment plans complement each other. CCOs also work to increase health equity, to ensure that everyone in Oregon has the care they need to stay healthy. AMH and the Division of Medical Assistance Programs will continue to collaborate to ensure that individuals in need of behavioral health services have access to high-quality services regardless of health coverage.

Specifically:

- Support of statewide expansion of community based services.
- Support of CCOs in service provision to enrollees.
- Utilization of Wraparound model /SOC to further develop the community-based services array
- Monitor enrollment increases through Oregon Healthy Kids during Medicaid expansion.
- Workforce development
- Technical assistance
- Sharing of strategies for expansion of services under Statewide Children's Wraparound Initiative
- Medicaid expansion
- Increase General Fund allocations for Local Mental Health Authorities
- CCO contracts require all individuals with SMI to be assessed for participation in ACT, and, if it would benefit the individual, provide ACT services.
- CCOs and Local Mental Health Authorities providing ACT services must meet fidelity benchmarks identified by AMH (see Step One).
- Contract with a Center for Excellence to provide ongoing training, technical assistance and fidelity monitoring for ACT providers.
- Increase funding allocations to Local Mental Health Authorities to support the development and implementation of ACT.
- Promote and increase the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) among primary care providers including Patient Centered Primary Care Homes.
- Provide technical assistance to Coordinated Care Organizations and network providers through partnerships with the Division of Medical Assistance Programs (Oregon's Medicaid Authority), the Northwest Addiction Technology Transfer Center (ATTC), and Oregon Health and Science University (OHSU).
- Monitor CCO performance in SBIRT, substance use disorder treatment initiation and engagement encounters.
- Monitor access performance targets for AMH contractors and report progress routinely.
- Provide technical assistance and consultation to contractors and sub-contracted providers aimed at improving access to services as needed based on

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Access to publicly-funded mental health services by children with SED and their families will increase.

Baseline Measurement: Percentage served in the publicly funded mental health system: 34 percent

First-year target/outcome measurement: 35 percent

Second-year target/outcome measurement: 36 percent

New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS, MMIS

New Data Source (if needed):

Description of Data:

Encounters and claims, indigent care under County Financial Assistance Agreement

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Transition of reporting during Health System Transformation and CCO development

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 2

Indicator: The percentage of children with SED receiving three or more types of community-based mental health services will steadily increase.

Baseline Measurement: 61 percent

First-year target/outcome measurement: 65 percent

Second-year target/outcome measurement: COMPASS, MMIS

New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS, MMIS

New Data Source (if needed):

Description of Data:

The percentage of children with SED who receive three or more types of community based mental health services over the course of a year.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 3

Indicator: Increase access to publicly-funded, community-based services for eligible individuals.

Baseline Measurement: 73,279 adults were served in SFY 2012

First-year target/outcome measurement: Increase access by 5 percent

Second-year target/outcome measurement: Increase access by 5 percent

New Second-year target/outcome measurement *(if needed)*:

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Indicator #: 4

Indicator: Increase the number individuals with SMI utilizing ACT services.

Baseline Measurement: 611 unduplicated individuals have received ACT services in SFY 2012.

First-year target/outcome measurement: Increase ACT utilization by 5 percent.

Second-year target/outcome measurement: Increase ACT utilization by 5 percent.

New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS and MMIS

New Data Source (if needed):

Description of Data:

See Step Two for a description of COMPASS and MMIS

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #:

5

Indicator:

SBIRT Encounters among Oregon Health Plan members.

Baseline Measurement:

0.6 per 1,000 adults seen in outpatient.

First-year target/outcome measurement:

Increase above baseline by 0.5 percent

Second-year target/outcome measurement:

Increase above first year measurement by 0.5 percent

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS Encounter data

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

utilization of this encounter has been very low. First year measurement comparison to baseline is difficult to forecast. However, this measure is an incentive measure for CCOs so it is likely to improve over time. There are no national comparisons for face validity checks.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 6

Indicator: Initiation and Engagement in Substance Use Disorder Treatment among OHP Members.

Baseline Measurement: Initiation and Engagement of Alcohol and Other Drug Metric – Intake Period 01/01/2011 – 11/15/2011 (Statewide) •Age 13-17 oDenominator = 331 Numerator (Initiation) = 49 Numerator (Engagement) = 18; •Age 18 and Over oDenominator = 5145 Numerator (Initiation) = 1424 Numerator (Engagement) = 448

First-year target/outcome measurement: Increase by 5 percent above baseline

Second-year target/outcome measurement: Increase by 5 percent above first year

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS encounter data

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The utilization of this encounter has been very low. First year measurement comparison to baseline is difficult to forecast. However, this measure is an incentive measure for CCOs so it is likely to improve over time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 4

Priority Area: Reduce overall health care and societal costs through appropriate investments.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Reduce overall health care and societal costs through appropriate investments.

Specifically:

1. To reduce high risk drinking among 18-25 year olds, ultimately leading to the reduction of alcohol abuse and dependence and over time, reduce rates of chronic liver disease.

- 2. Preventing or reducing foster care placements by providing ongoing development and monitoring of addiction treatment services for parents who are at risk of or involved in the child welfare system.
- 3. The percentage of utilization and engagement in treatment will remain the same or increase.

Strategies to attain the goal:

Health System Transformation and the AMH System Change are focused on prevention and helping people manage chronic conditions. This gives people support to be healthy reducing unnecessary emergency room visits, hospitalizations, and incarceration. Better care brings:

- lower costs;
- more preventive care;
- better coordination of care to limit unnecessary tests and medications;
- Integrating physical and behavioral health care; and
- Chronic disease management to help people avoid unnecessary hospital care.

Service providers will have the flexibility to provide the services and supports that assist people in getting and staying healthier. Focusing on prevention and helping people manage chronic conditions assists in avoiding higher costs over the long term. Increasing behavioral health promotion, prevention and early identification/intervention services and recovery support services will aid in decreasing overall health care and societal costs.

Specifically:

- Build capacity across the state to utilize and implement the Strategic Prevention Framework by funding counties with the highest alcohol consumption and consequence rates due to binge, heavy and underage drinking.
- Provide technical assistance and promote cross-collaborations between addiction providers and child welfare.
- Provide families with recovery support services that include parenting education, child care, and transportation resources.
- Provide technical assistance to Coordinated Care Organizations in integrating residential and outpatient behavioral health services for pregnant women within physical health care.

Annual Performance Indicators to measure goal success

Indicator #: 1
 Indicator: Alcohol Dependence or Abuse in the Past Year among 18 to 25 year olds
 Baseline Measurement: 18.7 percent in 2008-2009
 First-year target/outcome measurement: 17.7 percent
 Second-year target/outcome measurement: 16.7 percent
 New Second-year target/outcome measurement (if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source (if needed):

Description of Data:

NSDUH provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 2
Indicator: Past month binge drinking among 18 to 24 year olds
Baseline Measurement: 24.1 percent in 2009
First-year target/outcome measurement: 23.1 percent
Second-year target/outcome measurement: 22.1 percent
New Second-year target/outcome measurement (if needed):

Data Source:

Oregon Behavioral Risk Factor Surveillance System

New Data Source (if needed):

National Survey on Drug Use and Health (NSDUH)

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

New Description of Data: (if needed)

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified. Data is not current and not adequate.

New Data issues/caveats that affect outcome measures:

There are time-lags between survey administration and the availability of data for the previous year.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Two issues that need to be addressed. Oregon would like to change our indicator to include 18-25 year olds, which is our focus population, and we would like to change our baseline rate to the 2011 NSDUH rate for 18-25 year olds which is 40.35%. First Year Target rate would then reset to 39.35% and Second Year Target would be reset to 38.35%.

How first year target was achieved (optional):

Indicator #: 3
Indicator: Past Month Heavy Drinking among 18 to 24 year olds
Baseline Measurement: 5.9 percent in 2009
First-year target/outcome measurement: 4.9 percent
Second-year target/outcome measurement: 3.9 percent
New Second-year target/outcome measurement (if needed):

Data Source:

Oregon Behavioral Risk Factor Surveillance System (BRFSS)

New Data Source (if needed):

National Survey on Drug Use and Health (NSDUH)

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

New Description of Data: *(if needed)*

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified. Data is not current and not adequate.

New Data issues/caveats that affect outcome measures:

There are time-lags between survey administration and the availability of data for the previous year.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Oregon would like to change this indicator from "Past Month Heavy Drinking among 18 to 24 year olds" to "Past Month Alcohol Use among 18 to 25 year olds." We would like to keep our data source (NSDUH) consistent, and NSDUH does not collect data on Heavy Drinking. This requires us to set a new baseline rate, 61.99%, using 2011-12 as our baseline year. First year target would then be set at 60.99%, and second year target of 59.99%.

How first year target was achieved *(optional)*:

Indicator #:

4

Indicator:

Percent of participants in ITRS reunited with child in DHS custody

Baseline Measurement:

Number of children reunited with their parent(s) in 2012.

First-year target/outcome measurement:

Maintain current number of children returned.

Second-year target/outcome measurement:

Increase number of children returned by 1 percent or better.

New Second-year target/outcome measurement *(if needed)*: The 2012 baseline will be utilized to measure the 1% increase, of individuals in SUDs treatment that were referred by Child Welfare that met reunification requirements.

Data Source:

ORKIDS, CPMS and OWITs

New Data Source *(if needed)*:

Description of Data:

CPMS and OWITs data systems capture treatment need and demographic information of each enrolled individual. ORKIDS system is maintained by child welfare and captures information about children who are in foster care.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The ORKIDS data system is updating its capacity to provide information about number of kids returned to their families from foster care.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY1112, 27.3% of the parents involved with CW Services (287) were reunified with their children; in FY1213 31.8% (299) were reunified. That exceeds the goal of increasing the percent of participants in ITRS that are reunited with a child in DHS custody.

Although the goal was met for the first year of this indicator, the indicator will need to be changed for the second year. The Intensive Treatment and Recovery Services (ITRS) collaboration with Child Welfare began in 2007. The Legislature provided \$10.4 million toward the treatment of substance use disorders (SUD) for addicted parents involved in child welfare system or at risk of becoming involved in this system. The ITRS program was designed to reduce and/or eliminate need for foster care placement.

The investment was primarily aimed at helping parents in the child welfare system access an array of addiction treatment and recovery support services so that children might safely remain with them or be returned to them after an allegation of child abuse or neglect.

The 2013 Legislature directed AMH to use state General Funds in a different way beginning July 1, 2013 in light of the 2014 Medicaid expansion and additional adults who will be eligible based on income. Approximately 87% of the ITRS client population became eligible for Medicaid in January 2014. The Legislature directed AMH to use roughly 6.9 million GF for room and board rate increase to the residential system. This directive from the Legislature ended the formal ITRS program.

The new indicator for the second year will be:

The 2012 baseline will be utilized to measure the, percentage of individuals in SUDs treatment that were referred by Child Welfare that met reunification requirements.

Indicator #: 5

Indicator: Sixty percent of providers provide 90 or more days of treatment in outpatient treatment for PWWDC

Baseline Measurement: Percent of providers who met length of stay requirements for 2013.

First-year target/outcome measurement: Maintain 2013 numbers for length of stay

Second-year target/outcome measurement: Maintain 2013 numbers for length of stay or increase by 1%

New Second-year target/outcome measurement (if needed):

Data Source:

CPMS and OWITS

New Data Source (if needed):

Description of Data:

CPMS and OWITS data systems capture treatment need and demographic information of each enrolled individual.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 6

Indicator: Percent of participants receiving TB Services

Baseline Measurement: Number of individuals who are in addiction treatment services receiving TB screenings

First-year target/outcome measurement: Increase number of TB screenings by 1 percent

Second-year target/outcome measurement: Increase number of TB screenings by 2%

New Second-year target/outcome measurement (if needed):

Data Source:

Public Health

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

7

Indicator:

Ensure that 100 percent of counties/direct contractors meet contractual utilization and waitlist requirements for IVDU's.

Baseline Measurement:

Number of counties who met waitlist and utilization requirements for 2013.

First-year target/outcome measurement:

All 36 counties and 1 tribe meeting requirements by reporting IVDU in their waitlist to the AMH

Second-year target/outcome measurement:

All 36 counties and 1 tribe meeting requirements by reporting IVDU in their waitlist to the AMH

New Second-year target/outcome measurement (if needed):

We propose to change our second-year target/outcome. There are 36 counties in our state, but our SUD treatment providers are located in 17 counties. Therefore our proposed new target for the second-year is 75% of our providers meeting requirements by reporting IVDU in their waitlist to AMH.

Data Source:

CPMS, Waitlists, and OWIT's Data

New Data Source (if needed):

Description of Data:

CPMS and OWITs data systems capture treatment need and demographic information of each enrolled individual. The waitlist monitors service and status information.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

This target was not met. AMH made the decision to amend the reporting criteria of the capacity management report in September of 2013, this was after Medicaid residential treatment funds were transitioned from Addictions and Mental Health over to the Division of Medical Assistance Programs. Changes to the capacity management report included additional details regarding indigent and the Medicaid populations, this was in an effort to better monitor our priority populations access to care and to de-duplicate the waitlist count, this change would help us better understand what the actual capacity needs were for our specialized programs. After the report was amended and vetted, AMH held multiple webinars to offer training to our providers that would be responsible for submitting the capacity report and we also provided contact information for ongoing Technical Assistance. The collection of capacity management list data began again in January 2014.

After preliminary findings from our Core Tech Review in April 2014. AMH proactively began to amend the capacity management report to better capture interim services. This new version of the report was launched in July 2014. Due to multiple amendments and staff turnover, there has been the need for additional Technical Assistance to address provider reporting errors providers on accurately and completely filling out the report and some providers are non-compliant with submitting their reports. AMH is actively working on resolving all issues surrounding the capacity management report including an action plan on addressing the non-compliance.

Our goal is to have a high participation rate from our treatment providers by submitting the capacity reports timely and accurately, and that we will achieve compliance from our contractors that receive the SAPT funds, that we may better monitor access to care and program development.

How first year target was achieved (optional):

Priority #: 5
Priority Area: Increase the effectiveness of the integrated health care delivery system.
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the effectiveness of the integrated health care delivery system.

Specifically:

1. Decrease rates of readmission for children with SED to the Secure Children's Inpatient Program (SCIP) and the Secure Adolescent Inpatient Program (SAIP) at 30 and 180 days who are in non-forensic programs.
2. Decrease State psychiatric hospital readmission rates at 30 and 180 days.
3. To provide technical assistance and training to the Drug Free Communities (DFC), a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use, and to coalitions across the state who are actively seeking DFC funding.

3.

Strategies to attain the goal:

AMH will implement strategies and systems emphasizing behavioral health promotion, prevention, early identification and early intervention of conditions that lead to chronic mental health and addiction disorders. AMH will implement and participate in activities supporting a continuum of care that includes:

- Person Centered Planning and Coordination;
- Community-based services;
- Early Assessment Support Alliance (EASA);
- Screening, Brief Intervention and Referral to Treatment (SBIRT); and
- Recovery Management

Specifically:

- AMH is working with Community Mental Health Programs, Coordinated Care Organizations and Intensive Community Based Treatment Services (ICTS) providers to ensure children discharged from SCIP and SAIP have transition plans that assure successful community tenure.
- AMH monitors discharge planning at SCIP/SAIP through technical assistance; and continues to encourage development of community-based services that will meet the needs and strengths of children being discharged from SCIP/SAIP.
- At the SAIP, youth needing the highest level of non-forensic care are served in a separate secure program from youth requiring forensic care in addition to inpatient level mental health care. The needs of these youth are distinctly different from the youth requiring forensic care. Some youth are

negatively triggered by the behavior of youth requiring forensic care.

- AMH will continue to work with community providers to ensure that they have appropriate transition plans to smooth the transition trauma that may occur.
- As described in Step One, System of Care, Wraparound Model, Supported Employment, the Early Assessment and Support Alliance, Peer Delivered Services, and Supported Housing are available to help ensure that individuals discharged from SCIP/SAIP have access to vital community-based services.
- AMH has developed a multi-tiered process to help assure that individuals who are discharged from the state hospital are not readmitted. The standardized discharge criteria (LOCUS) was developed and implemented in 2010. AMH will ensure that the tool is being applied appropriately and that individuals who have been determined ready to transition are reassessed periodically. Individuals who are no longer stable should stay at the hospital for the length of time it takes them to meet the criteria again.
- AMH will continue to work with community providers to ensure that they have appropriate transition plans to smooth the transition trauma that may occur. AMH's psychiatrist will also be available for consultation to residential providers during the first 90 days to provide insight and suggestions about stabilizing someone in the community.
- As described in Step One, expansion of Assertive Community Treatment, Supported Employment, the Early Assessment and Support Alliance, Peer Delivered Services, and Supported Housing will help to ensure that individuals discharged from the State Hospitals have access to vital community-based services.
- Support planning, capacity and community coalition-building.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Decrease non-forensic patients' readmission to SCIP at 30 days.
Baseline Measurement: 0 percent
First-year target/outcome measurement: at or below 1 percent
Second-year target/outcome measurement: Maintain 30-day readmission rates at or below 1.0 percent
New Second-year target/outcome measurement (*if needed*):

Data Source:

MMIS, COMPASS

New Data Source (*if needed*):

Description of Data:

See Step 2 for a description

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (*optional*):

N/A

Indicator #: 2
Indicator: Decrease non-forensic patients' readmission to SAIP at 30 days.
Baseline Measurement: 2 percent
First-year target/outcome measurement: at or below 2 percent (note that for 2012 this represents 1 patient)

Second-year target/outcome measurement: at or below 2 percent

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS, COMPASS

New Data Source (if needed):

Description of Data:

See Step 2 for a description

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #:

3

Indicator:

Decrease non-forensic patients' readmission to SCIP at 180 days.

Baseline Measurement:

17 percent

First-year target/outcome measurement:

Maintain at or below 15 percent

Second-year target/outcome measurement:

Maintain at or below 13 percent

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS, COMPASS

New Data Source (if needed):

Description of Data:

See Step 2 for a description

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (*optional*):

N/A

Indicator #: 4

Indicator: Decrease non-forensic patients' readmission to SAIP at 180 days.

Baseline Measurement: 18 percent

First-year target/outcome measurement: Decrease readmission rates by 1 percent

Second-year target/outcome measurement: 2014 readmission rates by 1 percent

New Second-year target/outcome measurement (*if needed*):

Data Source:

MMIS, COMPASS

New Data Source (*if needed*):

Description of Data:

See Step 2 for a description

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (*optional*):

N/A

Indicator #: 5

Indicator: Decrease non-forensic (voluntary and civil-involuntary) patients' readmission to State psychiatric hospitals at 30 days.

Baseline Measurement: 5.77 percent

First-year target/outcome measurement: 5.0 percent

Second-year target/outcome measurement: Maintain 30-day readmission rates at or below 5.0 percent

New Second-year target/outcome measurement (*if needed*):

Data Source:

Avatar Electronic Health Record

New Data Source (*if needed*):

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved *(optional)*:

N/A

Indicator #:

6

Indicator:

Decrease non-forensic (voluntary and civil-involuntary) patients' readmission to State psychiatric hospitals at 180 days.

Baseline Measurement:

24.15 percent

First-year target/outcome measurement:

Decrease readmission rates by 5 percent.

Second-year target/outcome measurement:

Decrease 2014 readmission rates by 5 percent.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Avatar Electronic Health Record

New Data Source *(if needed)*:

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved *(optional)*:

N/A

Indicator #:

7

Indicator: Decrease forensic patients' readmission to State psychiatric hospitals at 30 days.

Baseline Measurement: 6.79 percent

First-year target/outcome measurement: 6.0 percent

Second-year target/outcome measurement: 5.0 percent

New Second-year target/outcome measurement (if needed):

Data Source:

Avatar Electronic Health Record

New Data Source (if needed):

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The Psychiatric Security Review Board has the ability to revoke an individual's conditional release agreement and readmit the individual to the State hospital.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 8

Indicator: Decrease forensic patients' readmission to State psychiatric hospitals at 180 days.

Baseline Measurement: 18.78 percent

First-year target/outcome measurement: Decrease readmission rates by 5 percent.

Second-year target/outcome measurement: Decrease 2014 readmission rates by 5 percent.

New Second-year target/outcome measurement (if needed):

Data Source:

Avatar Electronic Health Record

New Data Source (if needed):

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The Psychiatric Security Review Board has the ability to revoke an individual's conditional release agreement and readmit the individual to the State hospital.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 9

Indicator: Number of hours of training and technical assistance provided to the Drug Free Communities (DFC), a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use, and to coalitions across the state who are actively seeking DFC funding.

Baseline Measurement: To be established in 2013

First-year target/outcome measurement: Maintain baseline for number of hours of training and technical assistance.

Second-year target/outcome measurement: Increase the number of hours of training and technical assistance by 5 percent from the first year target outcome measurement.

New Second-year target/outcome measurement (if needed):

Data Source:

AMH Prevention Staff

New Data Source (if needed):

Description of Data:

Each Prevention Coordinator is responsible for logging hours of training and technical assistance.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Logging consistency.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 6

Priority Area: Increase the involvement of individuals and family members in all aspects of health care delivery and planning.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the involvement of individuals and family members in all aspects of health care delivery and planning.

Specifically:

1. Ensure access to high quality peer delivered services statewide.
2. Support the participation of behavioral health service consumers and their family members on AMH advisory councils.
3. Identify Community Advisory Council (CAC) for various CCOs across the state. The CAC includes community members to assess, design, plan and implement a strategic population health and health care system service plan, for the community served by the CCO. Assist Community Advisory Council of CCOs in conducting a community health assessment which is one of their contractual requirements. Assist CCOs designing and updating community health improvement plan which is one of their contractual requirements.

Strategies to attain the goal:

AMH recognizes that individuals and families need to be included in all aspects of the health care system. AMH providers facilitate Person Centered Planning and Coordination with individuals they serve. The goal of recovery is addressed through person-centered planning so that all planning is specific to the needs of the individual. Individuals and family members must have meaningful involvement that is supported at the system, program, and clinical levels. This includes:

- Participation on advisory councils and quality improvement and assurance committees;
- Providing input on developing new services and supports;
- Providing access to peer coaching;
- Monitoring outcomes; and
- Developing policies that are responsive to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, gender, sexual orientations, age and other aspects of diversity.

Specifically:

- AMH will continue to support the use and availability of peer delivered services by: Providing technical assistance regarding the development of peer delivered services training curricula; Approving peer delivered services training curricula; Working with the Office of Equity and Inclusion to develop competencies and training for Non-Traditional Health Workers (see Step One); Ensure that individuals enrolled in a Coordinated Care Organization with behavioral health disorders have access to Non-Traditional Health Workers.
- Ensuring a minimum of 51 percent consumers, family members and advocates make-up of the Addictions and Mental Health Planning Council (AMHPAC), family members and youth serving on AMHPAC and the Children’s System Advisory Council (CSAC) and a minimum of 20 percent on other AMH advisory councils;
- Utilizing Mental Health Block Grant funds to provide reimbursement for lodging, meals, mileage, and child care expenses incurred by consumer, family members and youth serving on AMHPAC and the Children’s System Advisory Council (CSAC) ;
- Researching the feasibility of providing stipends for consumer ,family member and youth participation on AMH advisory councils;
- Providing technical assistance and training for advisory council members to ensure their ability to actively participate in council business.
- Identifying and analyzing available data
- Developing a preliminary identification of health disparities
- Developing plans for gathering additional information and performing analyses on identifying more accurately and completely the significant health disparities in the CCO’s service area.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase utilization of peer delivered services by individuals enrolled in publicly-funded behavioral health services.

Baseline Measurement: Due to the limitations of CPMS (see Step Two) AMH has been unable to accurately identify the number of individuals utilizing peer delivered services.

First-year target/outcome measurement: Establish baseline.

Second-year target/outcome measurement: Increase utilization of peer delivered services by 5 percent.

New Second-year target/outcome measurement (if needed):

Data Source:

COMPASS

New Data Source (if needed):

Description of Data:

Please see Step Two for a description of COMPASS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 2

Indicator: Ensure consumer and family member access and membership on AMH advisory councils.

Baseline Measurement: +51 percent consumer, family member or advocate membership on AMHPAC; +51 percent consumer, family member or advocate membership on CSAC; +100 percent consumer or family member membership on OCAC

First-year target/outcome measurement: Maintain consumer and family member membership on AMHPAC, CSAC and OCAC.

Second-year target/outcome measurement: Maintain consumer and family member membership on AMHPAC, CSAC and OCAC.

New Second-year target/outcome measurement (if needed):

Data Source:

Advisory council membership rosters

New Data Source (if needed):

Description of Data:

Each advisory council maintains a membership roster including the membership configuration.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 3

Indicator: Use of OHA data to conduct Community Health Assessment and Community Health Improvement Plan by CCO Community Advisory Councils.

Baseline Measurement: Use of OHA data for available community health assessments in each CCO service area.

First-year target/outcome measurement: Use of OHA data for the CCO Community Health Assessment

Second-year target/outcome measurement: Use of OHA data for a 3 year CCO Community Health Improvement Plan

New Second-year target/outcome measurement (if needed):

Data Source:

OHP data, Oregon State County and State Epidemiological Profile, NSDUH, TEDS, N-SSATS

New Data Source (if needed):

Description of Data:

various data sources that contain incidence and trend data on addiction and mental health use, consequence and treatment data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Delays in availability of data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 7

Priority Area: Increase accountability of the health care system.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase accountability of the health care system.

Specifically:

1. Increase referrals by health care professionals to substance use disorder treatment for youth. Provide recovery support services to youth who are in need of addiction treatment services.

Strategies to attain the goal:

Oregon has identified over 80 potential measures of cost, quality, access, consumer experience, and health status that can be tracked over delivery settings and populations. These measures are derived from several measure sets, including the CMS Adult Medicaid Quality Measures, Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures, Oregon's key performance measures, and the incentive measures for year one selected by the Metrics and Scoring Committee that may impact incentive payments for both CCOs and LMHAs.

Specifically:

- Promote and increase the use of SBIRT among pediatricians and primary care providers.
- Provide technical assistance to Oregon CCO's in assessing risk factors for youth enrolled in the Oregon Health Plan and the Children's Health Insurance Program.
- Increase referrals to treatment services.

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Initiation and engagement in substance use disorder treatment among OHP members 13 to 17 years of age. (HEDIS-IET)

Baseline Measurement:

14.8 percent Initiation; 5.4 percent Engagement

First-year target/outcome measurement: Increase Initiation and Engagement by greater than 1 percent.

Second-year target/outcome measurement: Increase Initiation and Engagement by greater than 1 percent.

New Second-year target/outcome measurement (if needed):

Data Source:

MMIS

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Utilization of this measure is new to Oregon's health care system. First year measurement comparison to baseline is difficult to forecast. However, this is an incentive measure for CCOs so improvement is expected as the SUD treatment and physical health systems become integrated.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

2

Indicator:

Percentage of youth who report using alcohol.

Baseline Measurement:

Use 2013 data as baseline

First-year target/outcome measurement:

Maintain 2013 rates

Second-year target/outcome measurement:

reduction of greater than 1 percent

New Second-year target/outcome measurement (if needed):

Data Source:

Student Wellness Survey

New Data Source (if needed):

Description of Data:

Student Wellness Surveys alcohol use information from Oregon students in grades 6, 8 and 11.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

The Student Wellness Survey was not administered in 2013, so there were no rates to use as baseline for that year. Instead, the 2012 rate of 22.3% is being used as the baseline number.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Rate has dropped from the baseline in 2012 of

Priority #: 8

Priority Area: Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

Specifically:

1. Increase data capacity through the development of a coordinated prevention data collection, analysis and distribution system.

Strategies to attain the goal:

CCOs have the flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities. CCOs are able to better coordinate services and also focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services in addition to OHP medical benefits with the goal of meeting the Triple Aim.

Specifically:

- Develop the prevention module within the AMH data system
- Ongoing administration of the Oregon Student Wellness Survey (SWS) and support of the Oregon Healthy Teens Survey (OHT)
- Ongoing development, analysis and dissemination of state, county and tribal epidemiological data

CCOs are local. They have one budget that grows at a fixed rate for mental, physical and ultimately dental care. CCOs are accountable for health outcomes of the population they serve. They are governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.

For consumers without Medicaid coverage AMH has aligned policies, payment and outcome monitoring in a similar manner to the goals of the CCOs and Health System Transformation.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Transition from current MDS system to Prevention module developed within COMPASS system

Baseline Measurement: COMPASS system currently does not include a prevention module

First-year target/outcome measurement: Prevention measures developed, tested and integrated into the COMPASS system

Second-year target/outcome measurement: All prevention providers are trained and utilizing new prevention module within the COMPASS system

New Second-year target/outcome measurement *(if needed)*:

Data Source:

AMH COMPASS Team

New Data Source *(if needed)*:

Description of Data:

Data will describe the development and transition from MDS to COMPASS for all prevention data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Workload of AMH COMPASS Team and ability of contractor to meet timelines.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

AMH is currently developing the Prevention Module of the Oregon Web Infrastructure for Treatment System or OWITS. Not all of the prevention measures have been fully developed. The prevention team currently has a member assigned as the lead on the transition from MDS to the OWITS-Prevention data system, and the new system is moving steadily forward at this time. It is expected that we will be beta testing the module early in 2015 and will be training the prevention providers in Spring 2015. Full transition from the current MDS System to the OWITS Prevention Module is expected to take place at the beginning of the biennium on July 1, 2015.

How first year target was achieved *(optional)*:

Indicator #: 2

Indicator: Availability of state, county and tribal data

Baseline Measurement: Availability of required data measures to meet state and federal requirements in 2013.

First-year target/outcome measurement: Increase the availability of required Drug Free Community - Government Performance and Results Act (GPRA) data is collected through all data sources

Second-year target/outcome measurement: All required state and federal data is reported in state, county and tribal data profiles.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Student Wellness Survey, Oregon Healthy Teens Survey, Oregon Vital Statistics, Uniform Crime Reports, National Survey on Drug Use and Health (NSDUH), Behavioral Risk Factors Surveillance System (BRFSS), Treatment Episode Data Set (TEDS), Vista PHW, a software package that allows the public health community in Oregon to access and analyze population-based health data on the county or state level.

New Data Source *(if needed)*:

Description of Data:

Various data sources that capture addiction and mental health related consumption, consequence, treatment and trend data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

OHT and SWS are administered on a rotating basis. Data not always updated on a timely basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Priority #: 9
 Priority Area: Eliminate health disparities for vulnerable populations.
 Priority Type: SAP, SAT, MHP, MHS
 Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Eliminate health disparities for vulnerable populations.

Specifically:
 1. Reduce treatment outcome disparities for special populations (initiation, engagement, retention, completion and reduced use).

Strategies to attain the goal:

AMH supports equity for individuals receiving services through the publicly-funded behavioral health system. Current data show declining treatment outcomes and service gaps for seniors and individuals with disabilities, Native Americans, African Americans, and Hispanic girls ages 12-17.

AMH created the Health Equity Workgroup (HEW) to coordinate efforts directed at eliminating health disparities as a part of the AMH System Change. HEW's goal is to align health equity standards to those of the CCOs to eliminate disparities and achieve parity for all identified populations. The workgroup provides technical assistance and training to staff providing assistance with Biennial Implementation Plans and to the AMH Planning & Advisory Council. HEW develops health equity measures for the OHA Office of Equity & Inclusion for the State of Equity Report, and responds to the Secretary of State audit concerning the children's mental health system.

Specifically:
 • Use a standardized method for analyzing treatment data to identify specific populations in need of better treatment outcomes.
 • Identify and address the specific populations of greatest need for improvement.

Annual Performance Indicators to measure goal success

Indicator #: 1
 Indicator: Decrease treatment outcome disparities in Oregon.
 Baseline Measurement: Use 2012 data as baseline
 First-year target/outcome measurement: To be determined.
 Second-year target/outcome measurement: To be determined.
 New Second-year target/outcome measurement (if needed):

Data Source:

CPMS and Compass

New Data Source (if needed):

Description of Data:

Rate ratios will be used to identify health disparities.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The methodology for analyzing the data, reporting and prioritizing the results has not been finalized.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Two outpatient treatment outcomes are being analyzed to identify disparities.

- 1) Percent of episodes in which the client reported substance use at the end of treatment;
- 2) Percent of episodes in which the client remained in outpatient treatment for less than 90 days.

Rate ratios using 2012 baseline data were used to identify populations with disparities. Rate ratio=rate for group of primary interest/rate for comparison group.

The 2012 analysis compares outcomes based on gender, race/ethnicity and age, using rate ratios. The comparison groups are: males for gender; Whites for race/ethnicity; and 45 to 64 year olds for age. Groups with rate ratio greater than 1 have poorer outcomes than the comparison group. In looking at the two outcomes the populations looked at as having the greatest outcome disparities were African Americans/Am Indian/ Alaskan Native and youth 17 and younger.

Outcome 1 Rate Ratio: Reported Substance Use at End of Treatment

Vulnerable Population Base 2012 First Year 2013

Percentage Rate Ratio Percentage Rate Ratio

African American 39.2 1.41 39.0 1.37

Am Indian / Alaska Native 43.0 1.55 39.0 1.37

17 and younger 43.4 1.83 40.0 1.66

Outcome 2 Rate Ration: Not Retained in Treatment 90 Days or More

Vulnerable Population Base 2012 First Year 2013

Percentage Rate Ratio Percentage Rate Ratio

African American 36.3 1.22 36.1 1.17

Am Indian / Alaska Native 39.6 1.33 44.0 1.31

17 and younger 40.4 1.58 39.0 1.43

Footnotes:

Performance indicators 1.2-1.3; 2.1-2.6; 3.1-3.4; 5.1-5.8 and 6.2 are mental health related and addressed in the MHBG report.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$15,697,078		\$27,940,118	\$4,713,472	\$15,363,468	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,969,351		\$3,505,360	\$591,351	\$1,927,497	\$0	\$0
b. All Other	\$13,727,727		\$24,434,758	\$4,122,121	\$13,435,971	\$0	\$0
2. Primary Prevention	\$4,190,383	\$0	\$0	\$2,230,000	\$547,156	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$276,831	\$0	\$0
4. HIV Early Intervention Services	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (Excluding Program and Provider Level)	\$1,347,273	\$0	\$4,464,763	\$1,557,165	\$7,054,501	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$21,234,734	\$0	\$32,404,881	\$8,500,637	\$23,241,956	\$0	\$0
10. Subtotal (Row 5, 6, 7 and 8)	\$1,347,273	\$0	\$4,464,763	\$1,557,165	\$7,054,501	\$0	\$0
11. Total	\$21,234,734	\$0	\$32,404,881	\$8,500,637	\$23,241,956	\$0	\$0

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

New Footnote, 3-18-2015

Revision Request for 2015 SABG Report, Table 2 Earlier, the state was asked to report the total amount of Substance Abuse Prevention (other than Primary Prevention) and Treatment in Table 2, Row 1. This row and total is no longer required. Instead, two subtotals are required in

Table 2 that add up to the total of Substance Abuse Prevention (other than Primary Prevention) and Treatment. In Row 1a, provide the subtotal for Pregnant Women and Women with Dependent Children. In Row 1b, provide the subtotal for All Other. (You will find that the total you submitted previously now appears in Row 1b, and it should be deleted.) The two subtotals should equal the total amount for Substance Abuse Prevention (other than Primary Prevention) and Treatment. Please select the actual or estimated radio button in order to re-save the form with the updated expenditure amounts. If estimated figures are provided, enter the date when all estimates will be replaced with actual expenditures. For technical support questions, please contact the BGAS Help Desk at: 1-888-301-BGAS (2427) Hours: M-F 9:00 AM – 6:00 PM (EST/EDT)

Oregon's response:

The amounts previously entered into line 1b. were the totals for line 1. Line 1b. has now had the Pregnant Women and Women with Dependent Children portion removed from it and reported on line 1a. leaving the totals for line 1 the same.

New Footnote, 1-14-2015

Message from (Thomas Long) BGASHelpDesk@samhsa.hhs.gov on Mon 1/5/2015 at 7:05 am:

Dear WebBGAS user,

This email has been automatically sent by the BGAS Helpdesk to inform you that Thomas Long has requested that Oregon make revisions to their 2015 SABG Behavioral Health Report:

Form:

Table 2 - State Agency Expenditure Report

REVISION REQUEST DETAIL:

In reviewing the totals listed for Columns C through G in this Table for a 12 month period and comparing them with what was reported in Table 2 Row 11, Columns C through G, of the FY 2014/15 Behavioral Health Assessment and Plan for a 24 month period there is great disparity. Please provide an explanation for this or make corrections to figures listed by 1/19/15.

Oregon's Response:

There are basically two reasons that Table 2 from the 2015 Report varies so much from the same report from 2014:

A. Cell C1: Medicaid-Substance Abuse Prevention and Treatment for 2015 shows a total of \$27,940,118 and the same cell from 2014 shows a total of \$19,123,296. The difference comes from the reorganization of responsibilities here at the Oregon Health Authority (OHA). In past years the Addictions and Mental Health (AMH) Division had its own specifically identified Medicaid services, in the last year all Medicaid services have been moved into a different division of OHA. At the time the 2015 expenditures were being compiled for this report the new division, Medical Assistance Programs (MAP) were tasked with calculating how much Medicaid was expended on Substance Abuse Prevention and Treatment. Their answer was \$13,175,658, when added to the Medicaid spent by AMH before the transfer of duties was made it created a variance of about \$8.8 million higher on the 2015 report than on the 2014 report. This variance is estimated to be the amount of Medicaid services provided by MAP for Substance Abuse Prevention and Treatment clients and not reported through this report because MAP was and is a separate division of OHA and in past years none of this work was known to the AMH division.

B. Line 8-Administration: Historically Oregon has not reported any amounts on this line for columns C-Medicaid, D-Other Federal Funds or E-State Funds because Oregon believed they were to only report on SAPT grant expenditures or expenditures for Substance Abuse Prevention or Treatment services, Administration does not provide "substance abuse services" it was thought. It wasn't until recently when specifically detailed instructions were made available for this SAPT report that Oregon became aware that they should be reporting in these cells. 2015 is the first year cells C8, D8 and E8 have been reported, the cumulative affect of these three cells is \$13.1 million.

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

Per request from Thomas Long on 1-5-2015, please indicate in the Footnote section why this Table was not completed by 1/19/15.

The table was not completed because it is not required by SAMHSA directives.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Category	FY 2012 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$13,350,794
2. Primary Prevention	\$3,560,212
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$890,053
6. Total	\$17,801,059

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="482,142"/>	\$ <input type="text" value="48,768"/>	\$ <input type="text" value="13,205"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$482,142	\$48,768	\$13,205	\$	\$
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="1,108,926"/>	\$ <input type="text" value="978,320"/>	\$ <input type="text" value="264,100"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$1,108,926	\$978,320	\$264,100	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="899,649"/>	\$ <input type="text" value="195,566"/>	\$ <input type="text" value="52,820"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$899,649	\$195,566	\$52,820	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text" value="206,483"/>	\$ <input type="text" value="2,480,283"/>	\$ <input type="text" value="660,250"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$206,483	\$2,480,283	\$660,250	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ 767,234	\$ 782,755	\$ 211,280	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$ 767,234	\$ 782,755	\$ 211,280	\$	\$
Environmental	Selective	\$ 29,348	\$ 440,392	\$ 118,845	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$ 29,348	\$ 440,392	\$ 118,845	\$	\$
Section 1926 Tobacco	Selective	\$ 66,430	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$ 66,430	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Universal	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$ 3,560,212	\$ 4,926,084	\$ 1,320,500	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$1,108,926	\$978,320	\$264,100		
Universal Indirect	\$2,149,025	\$1,027,089	\$277,305		
Selective	\$95,778	\$440,392	\$118,845		
Indicated	\$206,483	\$2,480,283	\$660,250		
Column Total	\$3,560,212.00	\$4,926,084.00	\$1,320,500.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

Expenditure Period Start Date: Expenditure Period End Date:

Targeted Substances	
Alcohol	Ⓟ
Tobacco	Ⓟ
Marijuana	Ⓟ
Prescription Drugs	Ⓟ
Cocaine	Ⓢ
Heroin	Ⓢ
Inhalants	Ⓢ
Methamphetamine	Ⓢ
Synthetic Drugs (i.e. Bath salts, Spice, K2)	Ⓟ
Targeted Populations	
Students in College	Ⓟ
Military Families	Ⓟ
LGBTQ	Ⓢ
American Indians/Alaska Natives	Ⓟ
African American	Ⓟ
Hispanic	Ⓟ
Homeless	Ⓢ
Native Hawaiian/Other Pacific Islanders	Ⓟ
Asian	Ⓟ
Rural	Ⓟ
Underserved Racial and Ethnic Minorities	Ⓟ

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$154,364.00		\$188,671.00		\$343,035.00
2. Quality Assurance				\$46,992.00		\$46,992.00
3. Training (Post-Employment)		\$17,779.00		\$160,015.00		\$177,794.00
4. Program Development		\$37,591.00				\$37,591.00
5. Research and Evaluation				\$23,496.00		\$23,496.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)		\$18,792.00				\$18,792.00
8. Total	\$0.00	\$228,526.00	\$0.00	\$419,174.00	\$0.00	\$647,700.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
30	OR000261	✓	Region 4	ADAPT North Bend	400 Virginia Street Suite 201	North Bend	OR	97459	\$146,627	\$98,853	\$12,402	\$47,774	\$0
6	OR901562	✓	Region 4	ADAPT/Crossroads	3099 Diamond Lake Boulevard NE	Roseburg	OR	97470	\$567,836	\$455,042	\$57,089	\$112,794	\$0
22	OR103524	✓	Region 4	ADAPT/Jackson	548 SE Jackson Street Suite 1	Roseburg	OR	97470	\$252,797	\$252,797	\$31,716	\$0	\$0
57	OR301417	✓	Region 5	BAKER HOUSE	3610 Midway Drive	Baker City	OR	97814	\$89,204	\$58,828	\$7,381	\$30,376	\$0
46	OR102096	✓	Region 1	Behavioral Health Division	421 SW 6th Avenue Suite 600	Portland	OR	97204	\$3,663,988	\$3,237,531	\$406,180	\$426,457	\$0
37	OR103540	✓	Region 5	BestCare	125 SW C Street	Madras	OR	97741	\$74,140	\$45,136	\$5,663	\$29,004	\$0
5	OR900648	✓	Region 5	BURNS PAIUTE ALCOHOL AND DRUG TRT PROG	100 Pasigo Street	Burns	OR	97720	\$114,467	\$28,953	\$3,632	\$85,514	\$0
19	OR301367	✓	Region 5	CENTER FOR HUMAN DEVELOPMENT INC	2301 Cove Avenue	La Grande	OR	97850-3906	\$68,752	\$40,549	\$5,087	\$28,203	\$0
27	OR101874	✓	Region 2	CLACKAMAS COUNTY MHC	524 Main Street	Oregon City	OR	97045	\$859,060	\$668,741	\$83,900	\$190,319	\$0
29	OR900796	✓	Region 3	Columbia Community Mental Health	58646 McNulty Way P.O. Box 1234	Saint Helens	OR	97051	\$345,691	\$272,282	\$34,160	\$73,409	\$0
56	OR102450	✓	Region 5	COMMUNITY COUNSELING SOLUTIONS	120 South Main Street P.O. Box 469	Heppner	OR	97836	\$246,879	\$156,081	\$19,582	\$90,798	\$0
15	OR102526	✗	Region 4	CONFED TRIBES COOS LOWER UMPQUA & SIUSLAW INDIANS	1245 Fulton Av	Coos Bay	OR	97420	\$58,800	\$0	\$0	\$58,800	\$0
14	OR100579	✓	Region 3	CONFEDERATED TRIBES OF GRAND RONDE	9615 Grand Ronde Road	Grand Ronde	OR	97347-9712	\$72,957	\$28,857	\$3,620	\$44,100	\$0
3	OR101032	✗	Region 5	CONFEDERATED TRIBES OF WARM SPRINGS	1115 Wasco St	Warm Springs	OR	97761	\$120,587	\$77,853	\$9,767	\$42,734	\$0
17	OR102534	✗	Region 4	COQUILLE INDIAN TRIBE	3050 Tremont St	North Bend	OR	97459	\$58,800	\$0	\$0	\$58,800	\$0
26	OR750126	✗	Region 3	COUNTY OF BENTON	530 NW 27th St, Public Svc Bldg	Corvallis	OR	97330	\$180,402	\$129,129	\$16,200	\$51,273	\$0
28	OR000381	✗	Region 3	COUNTY OF CLATSOP	2911 Marine Dr, Ste B	Astoria	OR	97103	\$100,208	\$66,829	\$8,384	\$33,379	\$0
32	OR750761	✗	Region 4	COUNTY OF CURRY	29821 Colvin St	Gold Beach	OR	97444	\$97,406	\$65,873	\$8,264	\$31,533	\$0
34	OR750803	✗	Region 5	County of Grant	166 SW Brent	John Day	OR	97845	\$13,358	\$0	\$0	\$13,358	\$0
36	OR900077	✗	Region 4	COUNTY OF JACKSON	1915 Hazel St	Medford	OR	97501	\$694,911	\$566,208	\$71,036	\$128,703	\$0

39	OR103888	✗	Region 4	COUNTY OF KLAMATH	2555 Main St	Klamath Falls	OR	97601	\$370,016	\$311,028	\$39,021	\$58,988	\$0
59	OR101707	✗	Region 2	COUNTY OF WASHINGTON	245-A SE 5th St	Hillsboro	OR	97123	\$1,560,471	\$1,297,610	\$162,798	\$262,861	\$0
52	OR100926	✗	Region 4	COW CREEK BAND OF UMPQUA TRIBE OF INDIANS	2371 NE Stephens St, Ste 200	Roseburg	OR	97470	\$87,612	\$28,813	\$3,615	\$58,799	\$0
61	OR750688	✓	Region 1	De Paul Treatment Centers Inc	1312 SW Washington Street P.O. Box 3007	Portland	OR	97208	\$184,250	\$184,250	\$23,116	\$0	\$0
33	OR900556	✓	Region 5	Deschutes County Health Services	2577 NE Courtney Drive	Bend	OR	97701	\$357,893	\$259,249	\$32,525	\$98,644	\$0
54	OR750407	✓	Region 5	Eastern Oregon Alcoholism Foundation	216 SW Hailey Avenue	Pendleton	OR	97801	\$71,755	\$71,755	\$9,002	\$0	\$0
38	OR102609	✓	Region 4	Josephine County Community Corrections	510 NW 4th Street	Grants Pass	OR	97526	\$394,125	\$293,406	\$36,811	\$100,719	\$0
62	X	✗	Region 4	Klamath Child and Family Treatment Center	2210 Eldorado Av	Klamath Falls	OR	97601	\$13,875	\$0	\$0	\$13,875	\$0
55	OR102567	✓	Region 4	Klamath Tribal Health and Family Servs	635 Main Street	Klamath Falls	OR	97601	\$129,144	\$69,225	\$8,685	\$59,919	\$0
40	OR104035	✓	Region 5	Lake County Mental Health	215 North G Street	Lakeview	OR	97630	\$47,916	\$35,296	\$4,428	\$12,620	\$0
41	OR301375	✓	Region 3	Lane County Behavioral Health	151 West 7th Avenue Room 163	Eugene	OR	97401	\$1,267,645	\$1,109,411	\$139,186	\$158,234	\$0
23	OR900507	✓	Region 5	Lifeways Inc	702 Sunset Drive	Ontario	OR	97914	\$268,078	\$219,690	\$27,562	\$48,388	\$0
42	OR900739	✓	Region 3	Lincoln County Health and Human Servs	36 SW Nye Street	Newport	OR	97365	\$133,342	\$99,599	\$12,496	\$33,743	\$0
43	OR900549	✓	Region 3	Linn County	104 SW 4th Avenue	Albany	OR	97321	\$247,747	\$172,703	\$21,667	\$75,044	\$0
31	OR750530	✓	Region 5	Lutheran Community Services NW	365 NE Court Street	Prineville	OR	97754	\$75,849	\$47,335	\$5,939	\$28,514	\$0
44	OR100090	✓	Region 3	Marion County Health Department	2035 Davcor Street SE	Salem	OR	97302	\$1,153,753	\$988,096	\$123,966	\$165,657	\$0
2	OR301201	✓	Region 5	Mid Columbia Center for Living	419 East 7th Street Room 207	The Dalles	OR	97058	\$251,572	\$174,064	\$21,838	\$77,508	\$0
18	OR100538	✓	Region 3	Milestones Family Recovery Program	306 SW 8th Street	Corvallis	OR	97333	\$145,541	\$145,541	\$18,260	\$0	\$0
1	OR100462	✓	Region 1	Native American Rehabilitation	17645 NW Saint Helens Highway	Portland	OR	97231	\$276,278	\$233,309	\$29,271	\$42,969	\$0
4	OR104175	✓	Region 5	New Directions Northwest Inc	1719 Main Street	Baker City	OR	97814	\$224,989	\$224,989	\$28,227	\$0	\$0
20	OR101025	✗	Region 3	OREGON YOUTH AUTHORITY	530 Center St NE, Ste 200	Salem	OR	97301	\$31,051	\$31,051	\$3,896	\$0	\$0
47	OR900267	✓	Region 3	Polk County Mental Health and	182 SW Academy Street	Dallas	OR	97338	\$140,640	\$93,152	\$11,687	\$47,488	\$0
16	OR101163	✓	Region 5	RIMROCK TRAILS ATS	1333 NW 9th Street	Prineville	OR	97754	\$96,631	\$96,631	\$12,123	\$0	\$0
10	OR101502	✓	Region 3	SILETZ TRIBAL	200 Gwee Shut Road	Siletz	OR	97380	\$76,960	\$29,185	\$3,662	\$47,775	\$0
60	X	✗	Region 5	SYMMETRY CARE INC	348 West Adams	Burns	OR	97720	\$66,297	\$39,981	\$5,016	\$26,316	\$0
12	OR101026	✗	Region 1	THE OREGON PARTNERSHIP INC	5100 SW Macadams Av, Ste 400	Portland	OR	97239	\$301,242	\$0	\$0	\$301,242	\$0

48	OR301391	✓	Region 3	Tillamook Family Counseling Center	906 Main Avenue	Tillamook	OR	97141-3816	\$70,654	\$42,448	\$5,326	\$28,206	\$0
25	OR900192	✗	Region 5	Umatilla County Human Services	109 SW Court	Pendleton	OR	97801	\$655,672	\$552,874	\$69,363	\$102,798	\$0
49	OR750167	✗	Region 5	Wallowa Valley Center for Wellness	207 SW 1st Street	Enterprise	OR	97828	\$61,456	\$35,653	\$4,473	\$25,803	\$0
51	OR100587	✓	Region 3	Yamhill County	627 North Evans Street	McMinnville	OR	97128	\$225,083	\$166,084	\$20,837	\$58,999	\$0
7	OR750415	✓	Region 5	Yellow Hawk Tribal Health Center	73265 Confederated Way P.O. Box 160	Pendleton	OR	97801	\$96,599	\$48,824	\$6,125	\$47,775	\$0
Total									\$16,911,006	\$13,350,794	\$1,674,984	\$3,560,212	\$0

* Indicates the imported record has an error.

Footnotes:

Per request from Thomas Long on 1-5-2015 physical mailing address for Coquille Indian Tribe provided

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SAPT

Did the State or Jurisdiction have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes No

If yes, specify the amount and the State fiscal year: _____

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes No

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? _____

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$19,433,244	
SFY 2013 (2)	\$21,880,273	\$20,656,759
SFY 2014 (3)	\$20,656,759	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2012 Yes No

SFY 2013 Yes No

SFY 2014 Yes No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes:
 The fiscal data used for the SAPT MOE calculation is captured from expenditures or accruals from the state fiscal year being reported, from A&D Prevention and Treatment Programs, and from any general or other state funding, including the state match for Medicaid within those programs.

III: Expenditure Reports

Table 8b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
	(A)	(B)	(C)	(D)
SFY 1991 (1)	\$372,841	10.00%	\$37,284	
SFY 1992 (2)	\$399,239	10.00%	\$39,924	\$38,604

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)
	(A)	(B)	(C)
SFY 2014 (3)	\$444,571	10.96%	\$48,725

Footnotes:

Per request from Thomas Long on 1-5-2015, Table 8b, please provide the MOE description of calculations for this table by 1/19/15.

New, non-traditional MOE for Table 8b:

Total amount of TB tests provided and paid through Medicaid 4,454

Cost per test Aug 2013 x \$ 59.64

Total \$ 265,637

Oregon State Medicaid match percentage (1 - 62.97% =) x 37.03%

Total state funds spent on TB testing (4,454 x \$59.64 x 37.03% =) \$ 98,365

Justification for using the new non-traditional portion:

42 USC Sec. 300x-24 a (2) For purposes of paragraph (1) the term "tuberculosis services", with respect to an individual, means -

(A) Counseling the individual with respect to tuberculosis;

(B) Testing to determine whether the individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the individual;

New Footnote, 1-13-2015

Message from (Thomas Long) BGASHelpDesk@samhsa.hhs.gov on Tue 1/13/2015 at 5:02 am:

Dear WebBGAS user,

This email has been automatically sent by the BGAS Helpdesk to inform you that Thomas Long has requested that Oregon make revisions to their 2015 SABG Behavioral Health Report:

Form:

Table 8b - Base and Maintenance of Effort for State Expenditures for TB

REVISION REQUEST DETAIL:

This form is being reopened per the State's request to make a revision to the TB MOE methodology description.

Oregon's Response:

The calculation Oregon had been utilizing for TB MOE was based solely on TB screening in residential facilities. In the last week with the conversations we have been having in regards to identifying a new TB indicator for our next application we discovered that our Methadone Assistance Treatment programs (MAT) also mandate that clients have a TB screening before entering treatment.

Addictions and Mental Health (AMH) does not ask SUD treatment programs to collect and report information about whether persons get screened for TB. However, persons in methadone and residential treatment have to be tested for TB before they can be admitted. So the count of persons in SUD treatment that receive TB screens = Count of persons served in methadone + residential Treatment.

Unduplicated Count of Persons Served

Counts

Service FY 2013-14

Methadone 8,081

Residential 4,454

Total Persons Served 12,535

Cost per TB test \$59.64

Total \$747,587

Oregon State Medicaid match percentage (1 - 62.97% =) 37.03%

Total State Funds \$276,831

WebBGAS Request from Thomas Long on 6/1/2015 at 11:54

A revision request is being sent to the State to correct an error made in the calculation of the TB expenditures for this Table. Please provide a detailed breakdown of the calculations in the Footnotes section as was done in previous revisions made by 6/8/15.

Oregon's response

Traditional portion of Table 8b is:

Total of all state funds spent on TB services \$167,788

% of TB expenditures

Substance Abuse clients w/TB 8

Total TB cases 73

Percentage 8/73 10.96%

State funds spent \$167,788 x 10.96% = \$18,388

New, non-traditional portion of Table 8b:

Total amount of TB tests provided and paid through Medicaid

Unduplicated count of persons serviced

Methadone 8,081

Residential 4,454

Total 8,81 + 4,454 = 12,535

Cost per test Aug 2013, procedure code 86480 \$59.64

Oregon State Medicaid match percentage (1 - 62.97% =) 37.03%

Substance Abuse clients w/TB 8

Total TB cases 73

Percentage 8/73 = 10.96%

Total state funds spent on TB testing

12,535 x \$59.64 x 37.03% x 10.96%= \$30,338

Total \$48,725



III: Expenditure Reports

Table 8c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year __. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2014		\$0

Footnotes:

III: Expenditure Reports

Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$1,872,018	
SFY 2012		\$3,416,559
SFY 2013		\$3,025,351
SFY 2014		\$2,683,667
Enter the amount the State plans to expend in 2015 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>2604190.00</u>		

Footnotes:

The method used to calculate these expenditures is to compile the statistics from two groups: Pregnant Women and Women with Dependent Children and from everyone in the state of Oregon who receives services for: methadone, outpatient and residential treatment.

A calculation is then made to determine the percentage of "women" to the "total" for the last three years. That percentage is then multiplied by the total MOE from Table 8a, cell B3 to arrive at the amount reported for this year of Table 8d.

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)		Column C (Providers)
Children of substance abusers	1. Information Dissemination		
	1. Clearinghouse/information resources centers	0	
	2. Resources directories	0	
	4. Brochures	0	
	8. Information lines/Hot lines	0	
	2. Education		
	1. Parenting and family management	0	
	2. Ongoing classroom and/or small group sessions	0	
	4. Education programs for youth groups	0	
	5. Mentors	0	
	3. Alternatives		
	3. Community drop-in centers	0	
	4. Community service activities	0	
	6. Recreation activities	0	
	4. Problem Identification and Referral		
	2. Student Assistance Programs	0	
	Pregnant women/teens	1. Information Dissemination	
1. Clearinghouse/information resources centers		0	
2. Resources directories		0	
4. Brochures		0	
8. Information lines/Hot lines		0	
2. Education			
1. Parenting and family management		0	
4. Education programs for youth groups		0	
5. Mentors		0	
3. Alternatives			
2. Youth/adult leadership activities		0	
3. Community drop-in centers		0	
4. Community service activities		0	
6. Recreation activities		0	

	4. Problem Identification and Referral	
	2. Student Assistance Programs	0
	5. Community-Based Process	
	6. Native American - Back to the Boards Programs	0
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	0
	2. Resources directories	0
	5. Radio and TV public service announcements	0
	3. Alternatives	
	3. Community drop-in centers	0
	4. Community service activities	0
	6. Recreation activities	0
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	0
	2. Resources directories	0
	4. Brochures	0
	8. Information lines/Hot lines	0
	2. Education	
	2. Ongoing classroom and/or small group sessions	0
	5. Mentors	0
	3. Alternatives	
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	0
	6. Recreation activities	0
	4. Problem Identification and Referral	
	2. Student Assistance Programs	0
	Already using substances	1. Information Dissemination
1. Clearinghouse/information resources centers		0
2. Resources directories		0
4. Brochures		0
6. Speaking engagements		0
8. Information lines/Hot lines		0
2. Education		
1. Parenting and family management		0

	2. Ongoing classroom and/or small group sessions	0
	4. Education programs for youth groups	0
	3. Alternatives	
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	0
	6. Recreation activities	0
	4. Problem Identification and Referral	
	2. Student Assistance Programs	0
Those Already Using Substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	0
	2. Resources directories	0
	4. Brochures	0
	6. Speaking engagements	0
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	0
	8. Information lines/Hot lines	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	0
	4. Education programs for youth groups	0
	5. Mentors	0
	3. Alternatives	
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	0
	6. Recreation activities	0
	4. Problem Identification and Referral	
	2. Student Assistance Programs	0
	General Population	1. Information Dissemination
1. Clearinghouse/information resources centers		0
2. Resources directories		0
3. Media campaigns		0
4. Brochures		0
6. Speaking engagements		0
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		0

8. Information lines/Hot lines	0
2. Education	
1. Parenting and family management	0
2. Ongoing classroom and/or small group sessions	0
3. Peer leader/helper programs	0
4. Education programs for youth groups	0
5. Mentors	0
3. Alternatives	
1. Drug free dances and parties	0
2. Youth/adult leadership activities	0
3. Community drop-in centers	0
4. Community service activities	0
6. Recreation activities	0
4. Problem Identification and Referral	
2. Student Assistance Programs	0
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	0
2. Systematic planning	0
3. Multi-agency coordination and collaboration/coalition	0
4. Community team-building	0
5. Accessing services and funding	0
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	0
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
5. Reward & Reminder Programs (Alcohol & Tobacco)	0

Footnotes:

While AMH knows that these activities are funded by providers across the state, it is not known how many providers actually provide these services. Therefore, the number of providers in column C is left as zero for each type of funded activity.

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	3546	3143	\$339	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	2168	2092	\$1,880	\$0	\$0
5. Long-term (over 30 days)	2942	2900	\$2,607	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	55648	53134	\$315	\$0	\$0
7. Intensive Outpatient	883	820	\$631	\$0	\$0
8. Detoxification	3759	3072	\$315	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	8432	8081	\$473	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	5387	2203	1291	149	66	15	6	24	10	148	153	6	4	912	400	2515	1542	942	388
2. 18 - 24	12458	5177	4046	264	155	47	28	90	50	259	211	0	3	1355	773	5809	4589	1383	677
3. 25 - 44	36393	15778	12236	760	476	130	38	302	147	637	652	2	4	3263	1968	17742	13982	3130	1539
4. 45 - 64	18195	8518	6143	597	293	38	8	99	68	303	236	0	0	1139	753	9637	6909	1057	592
5. 65 and Over	1273	561	466	32	16	1	0	43	53	8	12	0	0	39	42	633	539	51	50
6. Total	73706	32237	24182	1802	1006	231	80	558	328	1355	1264	8	11	6708	3936	36336	27561	6563	3246
7. Pregnant Women	7055		5580		248		20		48		309		5		845		6210		845
Number of persons served who were admitted in a period prior to the 12 month reporting period		26957																	
Number of persons served outside of the levels of care described on Table 10		12650																	

Footnotes:

*Number of persons served outside of the levels of care described on Table 10. Between 7/1/2013 and 6/30/2014 there were 529 persons receiving DUII Education in Oregon; and 12,121 persons receiving SBIRT services .

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: Oregon is not a HIV Designated State.		
Footnotes:		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

This provision is not applicable because Oregon does not contract with any faith based prevention, treatment, or recovery support service providers. If AMH did contract with faith-based providers, there would be requirements explicitly detailed in the contract(s) to provide notice, referral, and alternative services as outlined in the federal regulations.

Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	195	157
Total number of clients with non-missing values on employment/student status [denominator]	1308	1308
Percent of clients employed or student (full-time and part-time)	14.9 %	12.0 %

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	731	697
Total number of clients with non-missing values on employment/student status [denominator]	3749	3749
Percent of clients employed or student (full-time and part-time)	19.5 %	18.6 %

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	9523	10553
Total number of clients with non-missing values on employment/student status [denominator]	17642	17642
Percent of clients employed or student (full-time and part-time)	54.0 %	59.8 %

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)

Number of clients employed or student (full-time and part-time) [numerator]	1022	1460
Total number of clients with non-missing values on employment/student status [denominator]	4218	4218
Percent of clients employed or student (full-time and part-time)	24.2 %	34.6 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 14? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 14? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 14? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 14? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

Ⓔ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing employment/education status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

We provided the data for short term residential and all other population we used pre-populated data.

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	937	956
Total number of clients with non-missing values on living arrangements [denominator]	1197	1197
Percent of clients in stable living situation	78.3 %	79.9 %

Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	3024	3339
Total number of clients with non-missing values on living arrangements [denominator]	3689	3689
Percent of clients in stable living situation	82.0 %	90.5 %

Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	16698	16750
Total number of clients with non-missing values on living arrangements [denominator]	17352	17352
Percent of clients in stable living situation	96.2 %	96.5 %

Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)

Number of clients in a stable living situation [numerator]	3824	3801
Total number of clients with non-missing values on living arrangements [denominator]	4376	4376
Percent of clients in stable living situation	87.4 %	86.9 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 15? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 15? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 15? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 15? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

Ⓔ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing stability of housing data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1211	1365
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1389	1389
Percent of clients without arrests	87.2 %	98.3 %

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3459	3958
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4006	4006
Percent of clients without arrests	86.3 %	98.8 %

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	16753	17256
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	17920	17920
Percent of clients without arrests	93.5 %	96.3 %

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)

Number of Clients without arrests [numerator]	3777	4050
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4345	4345
Percent of clients without arrests	86.9 %	93.2 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 16? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 16? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 16? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 16? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

Ⓔ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing criminal justice involvement data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	97	477
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	668	668
Percent of clients abstinent from alcohol	14.5 %	71.4 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

Long-term Residential(LR)

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2453	3735
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	4007	4007
Percent of clients abstinent from alcohol	61.2 %	93.2 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

Outpatient (OP)

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	8626	15614
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	18983	18983
Percent of clients abstinent from alcohol	45.4 %	82.3 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

Intensive Outpatient (IO)

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2574	3666
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	4720	4720
Percent of clients abstinent from alcohol	54.5 %	77.7 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g., TEDS Code 02)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 17? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 17? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 17? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 17? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in abstinence-alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	642	972
Total number of clients with non-missing values on "used any drug" variable [denominator]	1231	1231
Percent of clients abstinent from drugs	52.2 %	79.0 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

Long-term Residential(LR)

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	1186	3452
Total number of clients with non-missing values on "used any drug" variable [denominator]	4007	4007
Percent of clients abstinent from drugs	29.6 %	86.1 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

Outpatient (OP)

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	10369	14564
Total number of clients with non-missing values on "used any drug" variable [denominator]	18983	18983
Percent of clients abstinent from drugs	54.6 %	76.7 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

Intensive Outpatient (IO)

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	1527	2787
Total number of clients with non-missing values on "used any drug" variable [denominator]	4720	4720
Percent of clients abstinent from drugs	32.4 %	59.0 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 18? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 18? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 18? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post 6

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 18? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: 6

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in abstinence-other drug use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Most recent year for which data are available

From:
7/1/2013

To:
6/30/2014

Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	381	1134
Total number of clients with non-missing values on self-help attendance [denominator]	1406	1406
Percent of clients attending self-help programs	27.1 %	80.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	53.6 %	

Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1	1
Total number of clients with non-missing values on self-help attendance [denominator]	1	1
Percent of clients attending self-help programs	100.0 %	100.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	143	233
Total number of clients with non-missing values on self-help attendance [denominator]	763	763
Percent of clients attending self-help programs	18.7 %	30.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	11.8 %	

Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	24	28
Total number of clients with non-missing values on self-help attendance [denominator]	96	96
Percent of clients attending self-help programs	25.0 %	29.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.2 %	

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 19? (Select all that apply)

- Client self-report
- Client self-report confirmed by another source:
 - Collateral source
 - Administrative data source
 - Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 19? (Select one)

- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- Other, Specify

Discharge Data Collection

How was discharge data collected for table 19? (Select all that apply)

- Not applicable, data reported on form is collected at time period other than discharge.
- In-Treatment data days post admission
- Follow-up data months post 6
- Other, Specify
- Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- Discharge data is collected for a sample of all clients who were admitted to treatment.
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 19? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).
- Select type of UCID: 6

- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in social support data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

Footnotes:

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	5	3	4	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	76	21	55	107
AMBULATORY (OUTPATIENT)				
6. Outpatient	145	72	113	172
7. Intensive Outpatient	143	42	101	182
8. Detoxification	187	121	167	254
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	199	64	141	198
10. ORT Outpatient	319	67	198	480

Level of Care	2013 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	4815	4646
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	0	0
5. Long-term (over 30 days)	4619	4557
AMBULATORY (OUTPATIENT)		
6. Outpatient	26143	21953
7. Intensive Outpatient	6041	5513
8. Detoxification	75	4
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	65
10. ORT Outpatient	0	908

Source: SAMHSA/CBHSQ TEDS CY 2013 admissions file and CY 2013 linked discharge file
[Records received through 12/17/2014]

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2011 - 2012	12.0	<input type="text"/>
	Age 18+ - CY 2011 - 2012	63.5	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2011 - 2012	5.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	22.7	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2011 - 2012	3.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	9.1	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2011 - 2012	9.4	<input type="text"/>
	Age 18+ - CY 2011 - 2012	13.4	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2011 - 2012	3.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	4.0	<input type="text"/>

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	76.2	<input type="text"/>
	Age 18+ - CY 2011 - 2012	79.5	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	94.6	<input type="text"/>
	Age 18+ - CY 2011 - 2012	94.5	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	69.5	<input type="text"/>
	Age 18+ - CY 2011 - 2012	54.6	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2011 - 2012	13.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	16.6	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2011 - 2012	13.1	<input type="text"/>
	Age 18+ - CY 2011 - 2012	15.8	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2011 - 2012	13.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	19.2	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2011 - 2012	13.8	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.2	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2011 - 2012	13.4	<input type="text"/>
	Age 18+ - CY 2011 - 2012	19.5	<input type="text"/>

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	94.2	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2011 - 2012	91.4	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	80.3	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	80.4	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	91.6	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2011 - 2012	32.8	<input type="text"/>
	Age 12 - 17 - CY 2011 - 2012		<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2012	90.7	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2011 - 2012	30.7	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2012	35.2	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2011 - 2012	62.4	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2011 - 2012		<input type="text"/>

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2011 - 2012	91.1	<input type="text"/>

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

Footnotes:

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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2012	12/31/2012
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2012	12/31/2012
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2012	12/31/2012
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2012	12/31/2012
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2011	9/30/2012

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Oregon uses the MDS system (Minimum Data Set for Prevention).

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

MDS allows for participants to select more than one racial category. Therefore, race totals include more numbers than age, gender and ethnic totals. Participants who select more than one racial identity are included in each racial category, as well as in the More Than One Race sub-category. So the racial totals will not match the totals for age, gender and ethnicity.

Footnotes:

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	458
5-11	11272
12-14	10566
15-17	9649
18-20	1206
21-24	759
25-44	11355
45-64	9182
65 and over	848
Age Not Known	0
Gender	
Male	23916
Female	31379
Gender Unknown	0
Race	
White	46727
Black or African American	665
Native Hawaiian/Other Pacific Islander	391
Asian	699
American Indian/Alaska Native	7124
More Than One Race (not OMB required)	311

Race Not Known or Other (not OMB required)	0
Ethnicity	
Hispanic or Latino	8647
Not Hispanic or Latino	46648

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Oregon uses the MDS system (Minimum Data Set for Prevention).

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

MDS allows for participants to select more than one racial category. Therefore, race totals include more numbers than age, gender and ethnic totals. Participants who select more than one racial identity are included in each racial category, as well as in the More Than One Race sub-category. So the racial totals will not match the totals for age, gender and ethnicity.

Footnotes:

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	3737
5-11	20379
12-14	12114
15-17	9917
18-20	4159
21-24	3037
25-44	11491
45-64	9297
65 and over	4383
Age Not Known	0
Gender	
Male	36796
Female	41718
Gender Unknown	0
Race	
White	68177
Black or African American	1835
Native Hawaiian/Other Pacific Islander	625
Asian	482
American Indian/Alaska Native	7676
More Than One Race (not OMB required)	281

Race Not Known or Other (not OMB required)	0
Ethnicity	
Hispanic or Latino	15407
Not Hispanic or Latino	63107

Footnotes:

MDS allows for participants to select more than one racial category. Therefore, race totals include more numbers than age, gender and ethnic totals. Participants who select more than one racial identity are included in each racial category, as well as in the More Than One Race sub-category. So the racial totals will not match the totals for age, gender and ethnicity.

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	50816	N/A
2. Universal Indirect	N/A	78514
3. Selective	3480	N/A
4. Indicated	999	N/A
5. Total	55295	78514

Footnotes:

V: Performance Indicators and Accomplishments

Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

1. Describe the process the State will use to implement the guidelines included in the above definition.

Oregon accepts all programs on the National Registry of Effective Programs and Practices (NREPP) as evidence-based. In addition, Oregon adopted a definition of evidence-based practices which closely mirrors the definition set forth by NREPP. If a practice is not on the NREPP list, an application can be submitted to the Oregon Evidence-Based Practices Panel for review to be recognized by the state as an EBP. The information collected through the application process is reviewed by internal and external reviewers against criteria outlined in Oregon's EBP definition. Based on the evaluation, ratings are made and approved by the Director of the Addictions & Mental Health Division. In addition, programs and interventions utilized by Native American Tribes can be certified as evidence-based by the Tribal Best Practices Committee, which reviews tribal practices on a regular basis for inclusion on the Evidence-Based Practices list. Additional information on the process for a program or intervention to be added to a listed EBP program in Oregon is at: <http://www.oregon.gov/oha/amh/Pages/ebp.aspx>

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Programs reported on their prevention programs and services through Oregon's MDS system. Data regarding evidence-based programs and practices is retrieved from the MDS system. Counts listed are the number of programs funded.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	59	4	63	19	4	86
2. Total number of Programs and Strategies Funded	149	106	255	52	16	323
3. Percent of Evidence-Based Programs and Strategies	39.60 %	3.77 %	24.71 %	36.54 %	25.00 %	26.63 %

Footnotes:

Oregon changed the way funded programs were counted this year. This drastically reduced the number of funded programs and evidence-based programs from years past. The numbers reported this year reflect actual number of programs funded, rather than the number of implementations funded.

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 59	\$ 650317.00
Universal Indirect	Total # 4	\$ 44089.00
Selective	Total # 19	\$ 209424.00
Indicated	Total # 4	\$ 44089.00
	Total EBPs: 86	Total Dollars Spent: \$947919.00

Footnotes:

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Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category B:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category C:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category D:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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Footnotes:
